INVENTOR INFORMATION

Inventor One Given Name:

Family Name:

Postal Address Line One:

Postal Address Line Two:

Citv:

State or Province:

Country:

Postal or Zip Code:

City of Residence:

State or Prov. of Residence: Country of Residence:

Citizenship Country:

Bobby

Kong

4600 Stein Rd.

Ann Arbor

MI

U.S.

48105

Ann Arbor

MI

U.S.

CORRESPONDENCE INFORMATION

Name Line One:

Name Line Two:

Name Line Three: Address Line One:

Address Line Two:

City:

State or Province:

Postal or Zip Code:

Telephone:

Fax:

Electronic Mail:

John G. Posa

Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski, P.C. 280 N. Old Woodward Ave.

Suite 400 Birmingham

MI

48009-5394

(734) 913-9300

(734) 913-6007

APPLICATION INFORMATION

Title Line One:

Title Line Two:

Title Line Three:

SUCTION OCCLUDER FOR BLOOD

VESSELS AND OTHER BODY

LUMENS

Total Drawing Sheets:

Formal Drawings?:

Application Type:

Docket Number:

1

Yes

Utility

KNG-10002/29

REPRESENTATIVE INFORMATION

Representative Customer Number:

025006

PRIORITY INFORMATION

This is a: Non-provisional of prov.:

Filing Date:

60/268,324

February 13, 2001